## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

200207252-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TC	OTAL CLAIMS		24					RATE	FEE	7	RATE	FEE
FC	)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	ABLE CLAIMS	24 minus 20=		* 4			X\$ 9=		OR	X\$18=	72
IND	DEPENDENT CL	LAIMS	8 mi	8 minus 3 =		* 5		X43=		OR	X86=	430
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	<u> </u>
* If the difference in column 1 is less than zero, enter "0"						olumn 2		TOTAL		OR	TOTAL	1272
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
_	(Column 1) CLAIMS			. (Colun		(Column 3)	<u>3)</u>	SWALL			SIVIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	OL AINA	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL ADDIT. FEE	,		TOTAL ADDIT. FEE	
		,	ADDII. FEL .			MDD11.1 LL.						
AMENDMENT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	EST BER OUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	0. 4.1.4	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		╹┞	+145=			+290 <u>=</u>	
								TOTAL		OR	TOTAL	
								DDIT. FEE	<u> </u>	OR	ADDIT. FEE	
		١		1								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ,		=		X\$ 9=		OR	X\$18=	
	Independent	*				=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145			+290=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	iid For" IN THIS	S SPACE is	less than	1 20, enter "20."	A	DDIT. FEE	·	OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the app	ropriate box	( in col	umn 1.	